State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

OF

(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4REPORT

COMMITTEE INFORMATION	19.5		
Full Name of Committee (as on Statement of Organization) Check if this is a new			7
CHROBACK FOR CIRCUIT COURT CLERK			
2. Acronym or Abbreviated Name (if any)	3. Committee	Telephone Numb	er
N/A	(219)	362-7383	3
	Check if this is a	new address.	
1509 MONROE ST., LA PORTE, IN 46350			
City, State, ZIP Code	6. Party Affilia	tion (if applicable)	
IA PORTE IN 46350			
CANDIDATE INFORMATION (For Candidate's			
Full Name of Candidate (Include any nickname.)	8. Party Affilia	tion or If Independ	dent Candidate
KATHLEEN A. CHROBACK	DEMOCRA		
Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of		
CLERK OF THE CIRCUIT COURT	LA POR		
TYPE OF REPORT		STREET, STREET	ION CANDIDATES ONLY
1. Check one:		Check one	
Pre-Primary Pre-Election X Annual Nomination Other		- 1 =	onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend St	tatement of Organization	.) Dost-C	onvention
2. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B Year to Date
rom: 01-01-2019 Through: 12-31-2019	1.3	This Period	The Mark of the second
Cash on hand and investments at the beginning of this reporting period.		189.19	
4. Cash on hand and investments January 1, current year.		di	189.19
CONTRIBUTIONS AND RECEIPTS	作种多部的 多		
Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	No.	0.00	0.00
5a. Itemized (Use Schedule A.)		0.00	0.00
5b. Unitemized	BTOTAL	0.00	0.00
oc. Add lines to a and too in both columns.	TOTAL	189.00	189.19
6. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	109.00	189.19
EXPENDITURES			
Note: These amounts include in-kind expenditures and loan repayments.)			
7a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0.00	0.00
7b. Unitemized	RTOTAL	0.00	0.00
7C. Add lines 17a and 17b iir both coldinis.	BTOTAL		
Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	189.19	189.19
). Debts OWED BY the committee (Use Schedule D.)		0.00	
). Debts OWED TO the committee (Use Schedule E.)		0.00	IN CLERKS OFFICE
CERTIFICATION		型 動民 製料料	FOR OFFICE USE ONLY
ERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT AL	ND COMPLETE.	IAM 4 E 0000
gnature of Treasurer Title	Date (m	ım/dd/yy)	JAN 1 5 2020
1			***************************************
		(-1-1/1 A	//
gnature of Candidate (if applicable)	Date (m		KOFLA PORTE CIRCUIT CO



State Form 4606 (R14 / 10-17)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

No.

OF

(CFA-4) **Summary Sheet**

FILE NUMBER 46-20-20

TOTAL PAGES IN ENTIRE CFA-4 REPORT

13 THIS AN AMENDMENT: Les M No						
COMMITTEE INFORMATION						
Full Name of Committee (as on Statement of Organization) Check if this is a new	v name.					
CHROBACK FOR CIRCUIT COURT CLERK						
2. Acropym or Abbreviated Name (if any)	3. Com	mittee Telephone Number	41			
NA	(Z1	9 362-738	33			
4. Mailing Address (Address where all campaign finance correspondence is received.) Check if this is a new address.						
1509 MONROE ST.						
5. City. State. ZIP Code	6. Party	Affiliation (if applicable)				
LAPORTE IN 46350		MOCRAT				
CANDIDATE INFORMATION (For Candidate's	Committe	es Only)				
7. Full Name of Candidate (Include any nickname.)	8. Party	Affiliation or If Independe	nt Candidate			
KATHLEEN A. CHROBACK	DEN	10CRAT				
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Residence	,			
CLERK OF CIRCUIT COURT	LAI	PORTE				
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY			
11. Check one:		Check one:				
Pre-Primary Pre-Election Annual Nomination Other		Pre-Con	11.200.03.400.000.000000000000000000000000			
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend S	tatement of Org	anization.) Dost-Cor	rvention			
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B			
From: 1112020 Through: 5/8/2020		This Period	Year to Date			
13. Cash on hand and investments at the beginning of this reporting period.		189.19				
14. Cash on hand and investments January 1, current year.	MINERS WITH THE PARK OF		189.19			
CONTRIBUTIONS AND RECEIPTS	A CONTRACTOR					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		921.34	1110.53			
15a. Itemized (Use Schedule A.)		921134	1110.23			
15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUE	BTOTAL	921.34	1110.53			
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1110.53	1110.53			
EXPENDITURES	TOTAL		1110.2.2			
(Note: These amounts include in-kind expenditures and loan repayments.)		经基本基本支援 的				
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		921.34	921.34			
17b. Unitemized		921.34	701.24			
	BTOTAL	921.34	921.34			
SE SECTION SECTION DE	TOTAL	101101	189.19			
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	189.19				
19. Debts OWED BY the committee (Use Schedule D.)		921.34				
20. Debts OWED TO the committee (Use Schedule E.)			是學科學的學科學			
CERTIFICATION			OR OFFICE USE ONLY			
	TOUT	2505 1110 201101 575	- no out 14			

	CENTIFICATION		E D
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO TH	HE BEST OF MY KNOWLEDGE AND B	BELIEF IT IS TRUE, CORRECT AND COMPLETE.	IN CLERKS OFFICE
Signature of Treasurer	Title	Date (mm/dd/yy)	
Signature of Candidate (if applicable)	back	Date (mm/da/yy) 51/4 [2020]	MAY 1 5 2020
WARNING: Any information contained in this report may not be files a fraudulent report commits a Level 6 felony. (IC 3-14-1-1	copied for sale of used for any comme (3) A person who fails to file a comp	for a constant and the second but the fadher I	Kangengehoback,
Campaign Finance Law commits a Class B misdemeanor, (IC 3-1	4-1-14) and may be subject to civil per	latties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)	LERK OF LA PORTE CIRCUIT COURT



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	16 c
	3.5	ă.		
Page		_ of _	(

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
KATHLEEN A. CHROBACK 1509 MONROE ST.	Contributions: Direct In-Kind (describe)			11/20-4/2/20
LAPORTE, IN 46350	Other Receipts: Interest Loan Miscellaneous (specify)	921.34	1110.53	COMMITTEE
Contributor's Occupation (if required)CANDIDATE	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			ally a fe
Contributor's Occupation (if required)		, i		
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		9	O .
Contributor's Occupation (if required)				
	HIS PAGE OF SCHEDULE A	\$921.34		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 921.34		

Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER		*
Page of	1	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
PIONEER LAND 2581 W ST RD 2 LAPORTE, IN 46350	AWERTISING	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	75.00	75.00	2/24/20
WIHATS NEW LAPORTE whipe whatsnew laponte-	ADVERTISING	☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	566.00	56.00	2/24/20
KARA TESS CLOTHING SIT STATE ST. LAPORTE, IN 46350	ELECTION T-SHIRTS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	126.26	126.26	3 5 20
KARATESS CLOTHING SIT STATE ST LAPORTE, IN 46350	ELECTION T-SHIRTS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	27.82	154.08	412120
. Code	0	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	u.	·	, a
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAC		\$921.34		
TOTAL OF ALL PA	\$921.34				



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE N	NUMBER	:	***
1			2	
Page	1	_ of	1	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
KATHLEEN A. CHROBACK 1509 MONROE ST. LA PORTE, IN 46350 LENDERS OCCUPATION: CLERK		921.34 LOAN	2/24 3/5 4/2/20		921.34
LENDER'S OCCUPATION:					9 S
LENDER'S OCCUPATION:	2			-	e a
LENDER'S OCCUPATION:				e de seg	es de la companya de
					9
LENDER'S OCCUPATION:				8	
LENDER'S OCCUPATION:	-				8
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$921.34
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

IS THIS AN AMENDMENT? Yes

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

XX No

OF

(CFA-4) **Summary Sheet**

FILE NUMBER 46-20-20

TOTAL PAGES IN ENTIRE CFA-4 REPORT

4 Pages - 1 of 4

COMMITTEE INFORMATION	4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		NAME OF THE PARTY
1. Full Name of Committee (as on Statement of Organization)	ime.	2	
Chroback for Circuit Court Clerk			
2. Acronym or Abbreviated Name (if any)	3. Committee Tele	ephone Number	
N/A	()		
4. Mailing Address (Address where all campaign finance correspondence is received.) 1509 Monroe St.	eck if this is a new	address.	
5. City, State, ZIP Code	6. Party Affiliation	(if applicable)	282
La Porte, IN 46350	Democrat		
CANDIDATE INFORMATION (For Candidate's Con	mmittees Only)	山岩) 1838	表的原则原 法主
7. Full Name of Candidate (Include any nickname.)	8. Party Affiliation	or If Independent	Candidate
Kathleen A. Chroback	Democrat	TK.	
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk of Circuit Court	10. County of Res La Porte	sidence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Statem	nent of Organization.)	Post-Conv	ention
12. Reporting Period (mm/dd/yy):	CO	LUMN A	COLUMN B
From: 5-9-2020 Through: 9-9-2020	Thi	s Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		189.19	
14. Cash on hand and investments January 1, current year.			189.19
CONTRIBUTIONS AND RECEIPTS	运作型分子	1154 4	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	100	4226 00	F1.F0. 22
15a. Itemized (Use Schedule A.)		100.00	5158.22
15b. Unitemized		4336.88	5258.22
15c. Add lines 15a and 15b in both columns.		EWIASASTA PARA SKI SKI SKI SKI	Section 2 and the section 2
10. Add liftes 13 and 13c III Coldmit A and liftes 14 and 16c III Coldmit A	OTAL	4526.07	5447.41
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		4401.07	5322.41
17b. Unitemized		//01 07	5200 / 1
17c. Add lines 17a and 17b in both columns.		4401.07	5322.41
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	125.00	125.00
19. Debts OWED BY the committee (Use Schedule D.)		4401.07	
20. Debts OWED TO the committee (Use Schedule E.)	4	INI	
CERTIFICATION	3 T. L. T. S. L. T. S	FC	R OFFICE USE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRU	JE, CORRECT AND C	CAMPLETE	
Signature of Treasurer Title	Date (mm/o	lo/yy) OC	T 1 5 202 0
Signature of Candidate (if applicable) Candidate Candidate		2020 LERK OF	SELECTION COURT
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-	report as required by	y the indiana	



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER					
Page _	2	of	.4		

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Kathleen A. Chroback 1509 Monroe St. La Porte, IN 46350	Contributions: XXX Direct In-Kind (describe)	4236.88	4236.88	Aug. 2020
	Other Receipts: Interest Loan Miscellaneous (specify)	20	٠	
Contributor's Occupation (if required)	0 - 1/h - 1/2 - 2/2	(A)		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			u u
t v	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)			-	
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	Contributions:			-
5.	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			*
Contributor's Occupation (if required)				
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY	\$ 4236.88		
(Enter total on ITE	M 15a of the Summary Sheet.)	\$ 4236.88		



State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUME	BER	
Page	3	of _	4	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) OFFICE SOUGHT (if applicable)		TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)	
Capitol Promotions P.O. Box 231 Glenside, PA 19038	Political Material Nail Files	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	388.56	388.56	8/16/20	
Hawkins Print Shop 315 Lincolnway La Porte, IN 46350	Brochures	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	387.34	387.34	9/16/20	
Amazon 2801 S. Western Chicago, IL 60608	Campaign Material Bags	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	33.54	33.54	9/26/20	
Buycoolpromotions 2435 Monroe St. La Porte, IN 46350	Signs	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1591.63	1591.63	10/14/20	
La Porte County Demo Committee 10088 E. St. Rd. 4 Walkerton, IN 46574	Comtribution	>XX Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2000.00	2000.00	8/13/20	
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:				
	SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL F	4 401.07					



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER									
Page _	4	of	4						

CREDITOR'S OR LENDER'S NAME	DITOR'S OR LENDER'S NAME AND MAILING ADDRESS ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)		DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS		
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD		
				54			
Kathleen A. Chroback	2.5	4401.07	8/13/20				
1509 Monroe St.		Self	to		4401.07		
La Porte, IN 46350		Loan	10/10/20		,		
ENDER'S OCCUPATION	*		II 8 I				
LENDER'S OCCUPATION:							
ERIDENS OCCUPATION							
LENDER'S OCCUPATION:							
					G 6.		

LENDER'S OCCUPATION:							
_							
LENDER'S OCCUPATION:							
				-			
LENDER'S OCCUPATION:							
LENDER'S OCCUPATION: SUBTOTAL THIS PAGE OF SCHEDULE D							
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY							
	TOTAL OF ALL	PAGES OF SCHEDUL (Enter total on I	ED ON THE LA TEM 19 of the S	ST PAGE ONLY ummary Sheet.)	\$4401.07		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

JAN 05 2021

ILED IN CLERKS OFFICE

(CFA-4)

Summary Sheet

CLERK OF LA PORTE CIR

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information	on this form.	For
assistance in completing this form, see instructions on the reverse side.	*	

46 -20-20

assistance in completing this form, see instructions on the reverse side.		TOTAL PAGES IN EN	ITIRE CFA-4 REPORT
IS THIS AN AMENDMENT? Yes No			
COMMITTEE INFORMATION	No. 1		
1. Full Name of Committee (as on Statement of Organization)	name.		
CHROBACK FOR CIRCUIT COURT CLERK			
2. Acronym or Abbreviated Name (if any)	3. Cc	mmittee Telephone Number	er
NA	()	
4. Mailing Address (Address where all campaign finance correspondence is received.)	Check if	this is a new address.	
5. City, State, ZIP Code		rty Affiliation (if applicable)	£
LAPORTE IN 46350		MOCRAT	
CANDIDATE INFORMATION (For Candidate's (
7. Full Name of Candidate (Include any nickname.)	8. Pa	rty Affiliation or If Independ	dent Candidate
KATHLEEN A. CHROBACK	~	MOCRAT	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		county of Residence	
CLERK OF CIRCUIT COURT	L	APORTE	
TYPE OF REPORT		CHECKER PROPERTY OF THE PERSON NAMED IN	ION CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other			onvention onvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Sta	atement of (Organization.)	onvention
12. Reporting Period (mm/dd/yy):		COLUMN A	COLUMN B Year to Date
From: 9-9-2020 Through: 12-31-2020		This Period	Tear to Date
13. Cash on hand and investments at the beginning of this reporting period.		125.00	7 11 19
14. Cash on hand and investments January 1, current year.	3 年高级数据	sage til a theilt	314,19
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.)		294.∞	343a.aa
15b. Unitemized		100.00	300.00
Title Set Set Time (Well Street to Administration Control Sec	TOTAL	394.00	5652.32
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	519.00	5966.41
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		519.00	5966.41
17b. Unitemized			
17c. Add lines 17a and 17b in both columns.	BTOTAL	519.00	5966.41
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)		0.90	D
			IN CLERKS OFFICE
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE CO	DRRECT AND COMPLETE	OK OFFICE OSE ONLY
Signature of Treasurer Title	11,02,00	Date (mm/dd/yy)	JAN 15 2021
Cignate of medicine			JAN 13 ZUZI
Signature of Candidate (if applicable)		Date (mm/dd/yy)	Lleann Stevens
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose	(IC 3-9-4	1-5) A person who knowingly C	LERK OF LA PORTE CIRCUIT COUL
files a/fraudulent report commits a Level b telony (IC 3-14-1-13) A person who falls to file a complete of accura	ate report	as required by the initialia	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9	1-4-10, IC.	3-9-4-11, 10 3-9-4-10)	



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER							
Page	1	of	2				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. KATHLEEN A. CHROBACK 1509 MONROE ST LAPORTE, IN 46350	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	294∞	4530.88	Oct. 2020
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)	0		i
	Other Receipts: Interest Loan Miscellaneous (specify)		©	
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			* %
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)		9	* ** ***
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)	THIS PAGE OF SCHEDULE A	\$ 294,00	Water State	
TOTAL OF ALL PAGES OF SCHEDULE		\$ 294.00		



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER								
Page_	2	of	a					

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
CODE WLOT-WCOE 1700 UNCOLNWAY PLACE #5 LAPORTE, IN 46350	POLITICAL ADS RADIO	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	519,00	4755,88	05/15/01
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	3 5		v *
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			jás
· Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	2		ra vä
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$519.00		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of t	E LAST PAGE ONLY the Summary Sheet.)	\$519,00		